

Calling for responsible inclusive planning and healthy cities in Africa

Andres, Lauren; Bryson, John R.; Stevens, Stuart Denoon ; Bakare, Hakeem; du Toit, Katrina ; Melgaço , Lorena

DOI:
[10.3828/tpr.2020.39](https://doi.org/10.3828/tpr.2020.39)

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Document Version
Peer reviewed version

Citation for published version (Harvard):
Andres, L, Bryson, JR, Stevens, SD, Bakare, H, du Toit, K & Melgaço , L 2020, 'Calling for responsible inclusive planning and healthy cities in Africa', *Town Planning Review*, vol. 0, pp. 1-7. <https://doi.org/10.3828/tpr.2020.39>

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Calling for Responsible Inclusive Planning and Healthy Cities in Africa.

Introduction

Urban planning is at a turning point. The Covid-19 pandemic calls for an alternative approach which focuses on creating healthier built environments. This is especially true in Africa given rapid urbanisation combined with skill shortages in planning and under-investment. Connecting health and planning is not new across Africa. Forty-five percent of African countries experience at least one epidemic annually, including cholera, measles and malaria (Talisuna et al., 2020). This is partly related to the presence of dense informal and unplanned settlements, with minimal access to Water, Sanitation and Hygiene (WASH) facilities contributing to the rapid transmission of respiratory illnesses. It is too early to assess the health impacts of the Covid-19 pandemic across Africa. What is clear, however, is that Covid-19 intensifies food insecurity, contributes to manufacturing and service job losses, and threatens informal urban employment. There are significant repercussions for cities and urban development (Economic Commission for Africa, 2020).

The rapid spread of the pandemic across Africa has been addressed with immediate national responses in line with international guidelines. Despite the extreme diversity of African cities, measures such as social distancing, lockdowns and curfews were widely applied, with citizens forced to choose between the right to health and the right to work (Anguyo & Storer, 2020). Prioritising Covid-19 above other diseases like TB has altered long-term health outcomes and increased the disease burden. Concerns have already been raised about the need to carefully consider public health interventions in line with social and economic interventions accounting for informal coping mechanisms on which informal settlements rely. These settlements are extremely vulnerable to Covid-19 “but control measures risk further harms; mitigation of both must start with the inclusion of residents and their realities in planning” (Wilkinson et al. 2020, 16).

This raises questions about the role of urban planning in such circumstances. Post-pandemic debates must elevate planners to be at the forefront of rethinking and redesigning healthier and more resilient cities, to tackle future uncertainties. A shift towards home-based work for the majority of the population is unlikely in Africa. One challenge for urban planning is to design cities to reduce the potential for disease transmission (Hass, 2020). Achieving this ambition requires new systemic and localised understanding of cities. Across Africa, urban planning tends to focus on highly visible and often costly political-led interventions. This response is too often based on siloed economic and health considerations, tending to ignore tackling complex problems and searching for rapid quick win solutions which inherently tend to ignore locality. Localised approaches to planning require solutions to contextualised needs. To develop this argument, we draw upon a recent paper by Ersoy et al. (2020) on infrastructural interdependencies which highlights the importance of ‘small-wins’ as an “incremental strategy of gradual change, by creating small, often local achievements with lasting impact”. This builds upon Termeer & Dewulf’s (2019) argument that complex and

persistent problems lead to paralysis of actors who refuse to take risks to tackle them to avoid failure.

Africa is a very diverse continent and for the purpose of this paper we focus on Sub-Saharan Africa (SSA). SSA's urban problems are eminently wicked, intersectional, difficult to tackle, and intrinsically linked. Existing planning approaches tend to be siloed and configured around big-wins (Andres et al., 2019a); this works against planning cities to reduce disease transmission. A systemic and localised approach to planning across SSA needs to target concrete small-wins to visible challenges as part of a step-by-step approach to generating large-win outcomes. This alternative incremental approach to planning cities is responsible and inclusive; it highlights the need to focus on such small-wins that, combined, will be transformational.

This reflection is the outcome of an ongoing dialogue between planning and healthcare researchers and practitioners in the South and the North, through UKRI, NRF and DFID funded research in South and East Africa and is informed by extensive research including over 150 stakeholder interviews. The project team includes researchers with experience in working and training in South African hospitals and in conducting research on settlement design across SSA.

Visible challenges for post-pandemic planners

Covid-19 is impacting people in place and fostering new challenges for SSA cities, which complements existing wicked problems. There are four challenges.

African cities are fragmented with dysfunctional transport and planning systems (Miraftab, 2017). Planning needs to break with the legacy of inherited built forms, segregated spaces and approaches. This can be achieved by engaging with the diversity of everyday mechanisms and practices that characterise everyday living in townships and informal settlements. This call for a new form of SSA urban planning has been complicated by Covid-19. During the pandemic, slums and townships were subjected to political and media scrutiny as residents reacted against lockdown and policing measures, arguing that these impacted on their rights to work and survival. Such control mechanisms are likely to support an "increase in residential segregation and policing (...) with serious potential outcomes" (Amis, 2020); consequently, this will worsen socio-economic deprivation and increase distrust in the state, intensifying the pressure on planners to find solutions. This is the first challenge.

The economic crisis following the pandemic threatens already vulnerable cities' economies and extant development planning. SSA local authorities with the world's lowest per capita expenditure will suffer (Economic Commission for Africa, 2020), as investment in urban planning is curtailed. This urban fiscal crisis will have cumulative impacts on planning capacity across SSA cities. This is the second challenge.

Across SSA there is polarisation of planning capacity. The limited number of planners are concentrated in capital and major cities. Unequal access to planning capacity and resources prevents settlements from developing policies and programmes prioritising the most urgent actions. As a result, African urban planning tends to be outsourced to multinational consultancy firms (Watson, 2014). Unrealisable visionary planning futures are created ignoring the political subtleties and everyday needs of local communities, particularly of the most vulnerable. This planning as best practice approach focuses on creating developed-market style cities and is underpinned by governments rejecting any “improper” solutions, defined according to Northern standards. Often the outcome is the criminalisation of the livelihoods and shelter strategies of the poor (Charlton 2018). This represents an irresponsible and too often placeless approach to urban planning. Such tensions will be intensified as priorities are and will be given to economic recovery and development along with targeting health outcomes. This will impact on any strategic attempts to focus on creating better outcomes for informal settlements. This is the third challenge.

One of the great risks of the Covid-19 pandemic for urban planners is the profusion of ready-made, non-locally tailored models, shaped for Northern-type cities and sold under a credo of being ‘pandemic-resilient’. This is a key and ongoing fourth challenge already raised by many Southern planning theories prior to 2020. The temptation to drive and promote global models is high. Planners must navigate the tensions between neo-liberal, profit-driven goals versus social and environmental values (Andres et al. 2019b). The ambition must be to shape localised and systemic approaches to healthier cities reducing possibilities for disease including transmission. This is a call for the emergence of a more responsible small-win approach that acknowledges the contribution that planning can make to shaping future outcomes for people in place, given the role place plays in disease transmission.

Responsible inclusive planning and healthy cities.

Covid-19 has unilaterally altered the relationship between cities and health raising it as a global – and not country specific – visible problem affecting people in place at the same moment in time. This exceptional phenomenon has raised significant challenges and it is important to build on this to deliver transformative changes. Urban planning as a profession has significant authority in its own right; planning is far from simply being a technical tool delivering the will of politicians (Andres et al., 2019b). Professional planners are a diverse group, with different interests and agendas, both personal and professional. They report to elected officials who have varying degrees of control over planners and the planning process. The professional status of urban planners, combined with negotiation and compromise, means that planners have considerable power and responsibility in reshaping built environments providing enhanced outcomes for current and future residents (ibid).

Within the planning profession there needs to be a shift towards responsible inclusive planning with a focus on re/configuring healthy and pandemic-resilient cities. There are five determinants of this new approach to urban planning: people, place and governance resonating with the role, dynamics and processes within which planning sits, but also responsibility and realism. Responsibility and inclusivity highlight the importance of

accounting for locality and the empowerment of residents to co-create living spaces with urban planners through developing workable and pragmatic practices. As it stands, the most powerful tool planners have in SSA is the subdivision plan, as it confers ownership and influences urban forms (Lai and Davies 2020), at least outside informal settlements. Minimalist approaches to settlement-making (Dewar et al, 1995) are also considered important including not over-designing schemes and allowing for more flexibility for spontaneous settlement-making activities (ibid).

Bringing both subdivision and minimalism together within responsible inclusive planning would motivate planning to focus more on settlement layout, rather than on the management of settlements post layout (zoning schemes, etc.). The role of planners here is to listen, engage in co-creation processes with current and potential residents and deliver layouts enabling residents to configure and reconfigure their settlements based on needs. Layouts must be flexible enabling adaptation in response to predictable and unpredictable events (e.g. a pandemic).

Governments tries to encourage alterations in human behaviour, but responsibility for reducing transmission lies predominantly with people. Citizens have been developing localised adaptation strategies, or alternative survival strategies. This provides a new opportunity to develop an alternative approach to planning SSA cities which rests on a new partnership between people, place, and planning, founded on responsible and realistic actions. The most vulnerable people should be at the centre of the planning process.

A new form of people-centric alternative-substitute place-making is required to enable individuals and communities to shape their livelihoods with a focus on more responsible and realistic place-based outcomes. Such a shift rests upon empowering local communities with assistance from social welfare departments and humanitarian agencies to develop approaches and to acquire place-making skills. This must build on existing capabilities and activities resulting in a process of disease prevention place-making, transforming liveability and livelihoods. At the centre of this responsible inclusive planning agenda is the creation of a new place-based partnership between people and planning that will alter futures through releasing the transformative power of citizen-centric innovation.

A more holistic, systemic, and place-centric appreciation of existing problems rather than the application of more spatially blind approaches is required. The Covid-19 response in SSA has been too based on standardised (Northern), siloed, mechanisms at the expense of local health concerns. This is not a new problem and has been observed with other 'invisible' but 'major' global health threats including the failure of national policy and international programmes to contain air pollution. Air pollution is an outcome of irresponsible economic development impacting on health and productivity. The solution to air pollution, and to other diseases, requires a cross-cutting approach in which all place-based interventions contribute to enhancing health outcomes.

This call for a new planning agenda constructed around responsible inclusive planning is not solely a response to Covid-19 and the need for post-pandemic planning. This is a call for health-orientated planning strategies.

Conclusion

What does this approach to responsible inclusive planning mean for planners? First, it positions planning at the centre of a renewed relationship between people in place and health. The context and nature of places matter, along with how people use and live within a place. This requires the formation of a new planning partnership building upon the science of disease transmission and built environment layout, combined with understanding behaviours informed by approaches to education and skills. This approach involves relatively low-cost interventions generating small wins and tangibles outcomes.

Second, it reiterates the powerful role of planning in shaping spaces and the difference planners can make in generating transformative changes. There needs to be a solution to the planning capacity problem. Planners also require new skills to support the co-creation of environments promoting health and reducing disease transmission. This is not an easy task. Small-wins are possible given planning capacity and fiscal constraints and will reduce risk and create trust as cities are transformed. Local small-wins will be incremental and, combined, these interventions will transform lives.

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